MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/558934 APPLICANT(S) FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

-	AS FILED AFTER AFTER AFTER														
	AS I	AS FILED		AFIER I AMENDMENT		AFTER 2 MAMENDMENT			AS F	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
 	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1 2			 	ļ			ļ.	51						<i>D</i> 131.	
3	—	 	f				ļ	52		ļ					
4		 					ł	53 54	 						
5						<u> </u>		55							
6							1	56	 	 					
7		 						57							
8 9	╂	 						58							
10		 	 -					59							
11							ŀ	60							
12								62							
13								63							
14 15								64							
16	 							65							
17	1							66							
18							ŀ	67 68							
19							ł	69							
20 21							<u>l</u>	70					 }		
$\frac{21}{22}$	 							71							
23								72							
24							ŀ	73 74							
25							ŀ	75							
26	 						ŀ	76							
27 28]	77							
<u> 29</u>	 						-	78							
30					 -		ŀ	79							
31							F	80 81							
32							- 1	82							
33 34							ľ	83							
35								84							
36	 					[L	85							
37							ŀ	86							
38							-	87 88							
39							<u> </u>	89							
40	 -							90							
42							L	91							
43							-	92							
44								93 94							
45							-	95							
46 47								96				 -			
48								97							
49							L	98							
50							 	99							
TOTAL IND.	3	1			 -		⊢	100 TOTAL	 -			<u> </u>			
TOTAL	-% -	V		▼		▼		IND.		♣		4		1	
DEP.	18.	(=		=	•	=		TOTAL DEP.		6				_	
TOTAL CLAIMS	21							TOTAL			18				
PTO - 1360	(REV. 11/04)		P.cs.					CLAIMS	บ.:	S. DEPARTM	ENT of COM	MERCE			